



# QUARTERLY CONTRIBUTION RETURN AND REPORT OF WAGES (CONTINUATION)

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Page number \_\_\_\_\_ of \_\_\_\_\_

12 31 09

01 02 10

DELINQUENT IF 01 31 10  
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YR QTR  
09 4

QUARTER  
ENDED

DUE

ZIU/ /2012/4/01785  
/005/03/LZIU

EMPLOYER ACCOUNT NO.

436 8685 6

DO NOT ALTER THIS AREA

P1 ☐ C ☐ T ☐ S ☐ W ☐ A ☐

EFFECTIVE DATE

Mo. Day Yr.

WIC

A. EMPLOYEES full-time and part-time who worked during or received pay subject to UI for the payroll period which includes the 12th of the month.

1st Mo. 2nd Mo. 3rd Mo.

B. ☐ Check this box if you are reporting ONLY Voluntary Plan Disability Insurance wages on this page.  
Report Personal Income Tax (PIT) Wages and PIT Withheld, if appropriate. (See instructions for item B.)

C. ☐ NO PAYROLL

D. SOCIAL SECURITY NUMBER

E. EMPLOYEE NAME (FIRST NAME)

(M.I.) (LAST NAME)

F. TOTAL SUBJECT WAGES

G. PIT WAGES

H. PIT WITHHELD

D. SOCIAL SECURITY NUMBER

E. EMPLOYEE NAME (FIRST NAME)

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F. TOTAL SUBJECT WAGES

G. PIT WAGES

H. PIT WITHHELD

Signature Required

Title

Phone ( )

Date

(Owner, Accountant, Preparer, etc.)

MAIL TO: State of California / Employment Development Department / P.O. Box 989071 / West Sacramento CA 95798-9071





**QUARTERLY CONTRIBUTION  
RETURN AND REPORT OF WAGES  
(CONTINUATION)**

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YR 09 QTR 4

EMPLOYER ACCOUNT NO.

436 8685 6

**DOWNTOWN CENTER BUSINESS  
IMPROVEMENT DISTRICT  
626 WILSHIRE BLVD #200  
LOS ANGELES CA 90017**

**DO NOT ALTER THIS AREA**

P1 ☐ C ☐ T ☐ S ☐ W ☐ A ☐

EFFECTIVE DATE  
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Report Personal Income Tax (PIT) Wages and PIT Withheld, if appropriate. (See instructions for Item B.)

C. ☐ NO PAYROLL

D. SOCIAL SECURITY NUMBER 535 60 2768	E. EMPLOYEE NAME (FIRST NAME) DIANNA	(M.I.) (LAST NAME) ANDERSON	F. TOTAL SUBJECT WAGES 7 487 08	G. PIT WAGES 7 487 08	H. PIT WITHHELD 17 91
D. SOCIAL SECURITY NUMBER 547 67 4800	E. EMPLOYEE NAME (FIRST NAME) EILEEN	(M.I.) (LAST NAME) M O'CONNELL	F. TOTAL SUBJECT WAGES 8 464 93	G. PIT WAGES 8 379 02	H. PIT WITHHELD 222 13
D. SOCIAL SECURITY NUMBER 547 77 2224	E. EMPLOYEE NAME (FIRST NAME) LETICIA	(M.I.) (LAST NAME) OROZCO	F. TOTAL SUBJECT WAGES 13 261 26	G. PIT WAGES 13 261 26	H. PIT WITHHELD 431 58
D. SOCIAL SECURITY NUMBER 548 53 9033	E. EMPLOYEE NAME (FIRST NAME) HERMAN	(M.I.) (LAST NAME) PANG	F. TOTAL SUBJECT WAGES 23 250 00	G. PIT WAGES 21 390 00	H. PIT WITHHELD 764 48
D. SOCIAL SECURITY NUMBER 555 85 9090	E. EMPLOYEE NAME (FIRST NAME) JACOB	(M.I.) (LAST NAME) C HOLLOWAY	F. TOTAL SUBJECT WAGES 16 099 65	G. PIT WAGES 16 099 65	H. PIT WITHHELD 879 73
D. SOCIAL SECURITY NUMBER 558 17 5643	E. EMPLOYEE NAME (FIRST NAME) MICHAEL	(M.I.) (LAST NAME) G CLARK	F. TOTAL SUBJECT WAGES 31 883 22	G. PIT WAGES 23 289 48	H. PIT WITHHELD 911 05
D. SOCIAL SECURITY NUMBER 558 85 5406	E. EMPLOYEE NAME (FIRST NAME) JOHN	(M.I.) (LAST NAME) YANEZ	F. TOTAL SUBJECT WAGES 18 210 47	G. PIT WAGES 18 210 47	H. PIT WITHHELD 1 122 41
I. TOTAL SUBJECT WAGES THIS PAGE 118 656 61	J. TOTAL PIT WAGES THIS PAGE 108 116 96	K. TOTAL PIT WITHHELD THIS PAGE 4 349 29			

L. GRAND TOTAL SUBJECT WAGES

M. GRAND TOTAL PIT WAGES

N. GRAND TOTAL PIT WITHHELD

O. I declare that the information herein is true and correct to the best of my knowledge and belief.

Signature *Required* \_\_\_\_\_ Title \_\_\_\_\_ Phone ( ) \_\_\_\_\_ Date \_\_\_\_\_  
(Owner, Accountant, Preparer, etc.)

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EMPLOYER ACCOUNT NO.

436 8685 6

**DOWNTOWN CENTER BUSINESS  
IMPROVEMENT DISTRICT  
626 WILSHIRE BLVD #200  
LOS ANGELES CA 90017**

**DO NOT ALTER THIS AREA**

P1 ☐ C ☐ T ☐ S ☐ W ☐ A ☐

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D. SOCIAL SECURITY NUMBER 616 22 1465	E. EMPLOYEE NAME (FIRST NAME) KENNETH	(M.I.) (LAST NAME) NAKANO	F. TOTAL SUBJECT WAGES 23 073 36	G. PIT WAGES 23 073 36	H. PIT WITHHELD 1 137 12
D. SOCIAL SECURITY NUMBER 619 32 1765	E. EMPLOYEE NAME (FIRST NAME) ALEX	(M.I.) (LAST NAME) STETTINSKI	F. TOTAL SUBJECT WAGES 26 100 00	G. PIT WAGES 23 737 50	H. PIT WITHHELD 1 656 84
D. SOCIAL SECURITY NUMBER	E. EMPLOYEE NAME (FIRST NAME)	(M.I.) (LAST NAME)	F. TOTAL SUBJECT WAGES	G. PIT WAGES	H. PIT WITHHELD
D. SOCIAL SECURITY NUMBER	E. EMPLOYEE NAME (FIRST NAME)	(M.I.) (LAST NAME)	F. TOTAL SUBJECT WAGES	G. PIT WAGES	H. PIT WITHHELD
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D. SOCIAL SECURITY NUMBER	E. EMPLOYEE NAME (FIRST NAME)	(M.I.) (LAST NAME)	F. TOTAL SUBJECT WAGES	G. PIT WAGES	H. PIT WITHHELD
D. SOCIAL SECURITY NUMBER	E. EMPLOYEE NAME (FIRST NAME)	(M.I.) (LAST NAME)	F. TOTAL SUBJECT WAGES	G. PIT WAGES	H. PIT WITHHELD
I. TOTAL SUBJECT WAGES THIS PAGE 49 173 36	J. TOTAL PIT WAGES THIS PAGE 46 810 86	K. TOTAL PIT WITHHELD THIS PAGE 2 793 96	L. GRAND TOTAL SUBJECT WAGES	M. GRAND TOTAL PIT WAGES	N. GRAND TOTAL PIT WITHHELD

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C. ☐ NO PAYROLL

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535 60 2768

E. EMPLOYEE NAME (FIRST NAME)

DIANNA

(M.I.) (LAST NAME)

ANDERSON

F. TOTAL SUBJECT WAGES

7 487 08

G. PIT WAGES

7 487 08

H. PIT WITHHELD

17 91

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547 67 4800

E. EMPLOYEE NAME (FIRST NAME)

EILEEN

(M.I.) (LAST NAME)

M O'CONNELL

F. TOTAL SUBJECT WAGES

8 464 93

G. PIT WAGES

8 379 02

H. PIT WITHHELD

222 13

D. SOCIAL SECURITY NUMBER

547 77 2224

E. EMPLOYEE NAME (FIRST NAME)

LETICIA

(M.I.) (LAST NAME)

OROZCO

F. TOTAL SUBJECT WAGES

13 261 26

G. PIT WAGES

13 261 26

H. PIT WITHHELD

431 58

D. SOCIAL SECURITY NUMBER

548 53 9033

E. EMPLOYEE NAME (FIRST NAME)

HERMAN

(M.I.) (LAST NAME)

PANG

F. TOTAL SUBJECT WAGES

23 250 00

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21 390 00

H. PIT WITHHELD

764 48

D. SOCIAL SECURITY NUMBER

555 85 9090

E. EMPLOYEE NAME (FIRST NAME)

JACOB

(M.I.) (LAST NAME)

C HOLLOWAY

F. TOTAL SUBJECT WAGES

16 099 65

G. PIT WAGES

16 099 65

H. PIT WITHHELD

879 73

D. SOCIAL SECURITY NUMBER

558 17 5643

E. EMPLOYEE NAME (FIRST NAME)

MICHAEL

(M.I.) (LAST NAME)

G CLARK

F. TOTAL SUBJECT WAGES

31 883 22

G. PIT WAGES

23 289 48

H. PIT WITHHELD

911 05

D. SOCIAL SECURITY NUMBER

558 85 5406

E. EMPLOYEE NAME (FIRST NAME)

JOHN

(M.I.) (LAST NAME)

YANEZ

F. TOTAL SUBJECT WAGES

18 210 47

G. PIT WAGES

18 210 47

H. PIT WITHHELD

1 122 41

I. TOTAL SUBJECT WAGES THIS PAGE

118 656 61

J. TOTAL PIT WAGES THIS PAGE

108 116 96

K. TOTAL PIT WITHHELD THIS PAGE

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562 74 0840

F. TOTAL SUBJECT WAGES

15 191 04

D. SOCIAL SECURITY NUMBER

570 75 9617

F. TOTAL SUBJECT WAGES

19 500 00

D. SOCIAL SECURITY NUMBER

571 35 3676

F. TOTAL SUBJECT WAGES

35 809 80

D. SOCIAL SECURITY NUMBER

611 07 4963

F. TOTAL SUBJECT WAGES

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611 09 0954

F. TOTAL SUBJECT WAGES

9 721 16

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613 90 7349

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6 635 50

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D. SOCIAL SECURITY NUMBER

**562 74 0840**

E. EMPLOYEE NAME (FIRST NAME)

**RONALD**

(M.I.) (LAST NAME)

**P COLCOL**

F. TOTAL SUBJECT WAGES

**15 191 04**

G. PIT WAGES

**14 279 58**

H. PIT WITHHELD

**359 64**

D. SOCIAL SECURITY NUMBER

**570 75 9617**

E. EMPLOYEE NAME (FIRST NAME)

**JUSTIN**

(M.I.) (LAST NAME)

**T WEISS**

F. TOTAL SUBJECT WAGES

**19 500 00**

G. PIT WAGES

**19 500 00**

H. PIT WITHHELD

**1 014 40**

D. SOCIAL SECURITY NUMBER

**571 35 3676**

E. EMPLOYEE NAME (FIRST NAME)

**HAROLD**

(M.I.) (LAST NAME)

**BASTIAN**

F. TOTAL SUBJECT WAGES

**35 809 80**

G. PIT WAGES

**33 658 62**

H. PIT WITHHELD

**2 588 40**

D. SOCIAL SECURITY NUMBER

**611 07 4963**

E. EMPLOYEE NAME (FIRST NAME)

**CONNIE**

(M.I.) (LAST NAME)

**HWANG**

F. TOTAL SUBJECT WAGES

**16 016 00**

G. PIT WAGES

**16 016 00**

H. PIT WITHHELD

**897 94**

D. SOCIAL SECURITY NUMBER

**611 09 0954**

E. EMPLOYEE NAME (FIRST NAME)

**RACHEL**

(M.I.) (LAST NAME)

**KABER**

F. TOTAL SUBJECT WAGES

**9 721 16**

G. PIT WAGES

**9 721 16**

H. PIT WITHHELD

**385 91**

D. SOCIAL SECURITY NUMBER

**613 90 7349**

E. EMPLOYEE NAME (FIRST NAME)

**JIN**

(M.I.) (LAST NAME)

**Y CUI**

F. TOTAL SUBJECT WAGES

**6 635 50**

G. PIT WAGES

**6 635 50**

H. PIT WITHHELD

**131 92**

D. SOCIAL SECURITY NUMBER

**613 92 7601**

E. EMPLOYEE NAME (FIRST NAME)

**JUAN**

(M.I.) (LAST NAME)

**J SANZ**

F. TOTAL SUBJECT WAGES

**12 480 00**

G. PIT WAGES

**12 480 00**

H. PIT WITHHELD

**565 64**

I. TOTAL SUBJECT WAGES THIS PAGE

**115 353 50**

J. TOTAL PIT WAGES THIS PAGE

**112 290 86**

K. TOTAL PIT WITHHELD THIS PAGE

**5 943 85**

L. GRAND TOTAL SUBJECT WAGES

M. GRAND TOTAL PIT WAGES

N. GRAND TOTAL PIT WITHHELD

O. I declare that the information herein is true and correct to the best of my knowledge and belief.

Signature *Required*

Title

Phone ( )

Date

(Owner, Accountant, Preparer, etc.)

MAIL TO: State of California / Employment Development Department / P.O. Box 989071 / West Sacramento CA 95798-9071





# QUARTERLY CONTRIBUTION RETURN AND REPORT OF WAGES (CONTINUATION)

REMINDER: File your DE 9 and DE 9C together.

You must FILE this report even if you had no payroll. If you had no payroll,  
complete Items C and G.

Page number \_\_\_\_\_ of \_\_\_\_\_

12 31 09

01 02 10

01 31 10

YR 09 QTR 4

QUARTER  
ENDED

DUE

ZIU/ /2012/4/01785  
/005/03/LZIU

DELINQUENT IF  
NOT POSTMARKED  
OR RECEIVED BY

EMPLOYER ACCOUNT NO.

436 8685 6

DO NOT ALTER THIS AREA

P1 ☐ C ☐ T ☐ S ☐ W ☐ A ☐

EFFECTIVE DATE

Mo. Day Yr.

WIC

A. EMPLOYEES full-time and part-time who worked during  
or received pay subject to UI for the payroll period which  
includes the 12th of the month.

1st Mo. 2nd Mo. 3rd Mo.

B. ☐ Check this box if you are reporting ONLY Voluntary Plan Disability Insurance wages on this page.  
Report Personal Income Tax (PIT) Wages and PIT Withheld, if appropriate. (See instructions for item B.)

C. ☐ NO PAYROLL

D. SOCIAL SECURITY NUMBER

535 60 2768

E. EMPLOYEE NAME (FIRST NAME)

DIANNA

(M.I.) (LAST NAME)

ANDERSON

F. TOTAL SUBJECT WAGES

7 487 08

G. PIT WAGES

7 487 08

H. PIT WITHHELD

17 91

D. SOCIAL SECURITY NUMBER

547 67 4800

E. EMPLOYEE NAME (FIRST NAME)

EILEEN

(M.I.) (LAST NAME)

M O'CONNELL

F. TOTAL SUBJECT WAGES

8 464 93

G. PIT WAGES

8 379 02

H. PIT WITHHELD

222 13

D. SOCIAL SECURITY NUMBER

547 77 2224

E. EMPLOYEE NAME (FIRST NAME)

LETICIA

(M.I.) (LAST NAME)

OROZCO

F. TOTAL SUBJECT WAGES

13 261 26

G. PIT WAGES

13 261 26

H. PIT WITHHELD

431 58

D. SOCIAL SECURITY NUMBER

548 53 9033

E. EMPLOYEE NAME (FIRST NAME)

HERMAN

(M.I.) (LAST NAME)

PANG

F. TOTAL SUBJECT WAGES

23 250 00

G. PIT WAGES

21 390 00

H. PIT WITHHELD

764 48

D. SOCIAL SECURITY NUMBER

555 85 9090

E. EMPLOYEE NAME (FIRST NAME)

JACOB

(M.I.) (LAST NAME)

C HOLLOWAY

F. TOTAL SUBJECT WAGES

16 099 65

G. PIT WAGES

16 099 65

H. PIT WITHHELD

879 73

D. SOCIAL SECURITY NUMBER

558 17 5643

E. EMPLOYEE NAME (FIRST NAME)

MICHAEL

(M.I.) (LAST NAME)

G CLARK

F. TOTAL SUBJECT WAGES

31 883 22

G. PIT WAGES

23 289 48

H. PIT WITHHELD

911 05

D. SOCIAL SECURITY NUMBER

558 85 5406

E. EMPLOYEE NAME (FIRST NAME)

JOHN

(M.I.) (LAST NAME)

YANEZ

F. TOTAL SUBJECT WAGES

18 210 47

G. PIT WAGES

18 210 47

H. PIT WITHHELD

1 122 41

I. TOTAL SUBJECT WAGES THIS PAGE

118 656 61

J. TOTAL PIT WAGES THIS PAGE

108 116 96

K. TOTAL PIT WITHHELD THIS PAGE

4 349 29

L. GRAND TOTAL SUBJECT WAGES

M. GRAND TOTAL PIT WAGES

N. GRAND TOTAL PIT WITHHELD

O. I declare that the information herein is true and correct to the best of my knowledge and belief.

Signature Required

Title

Phone ( )

Date

(Owner, Accountant, Preparer, etc.)

MAIL TO: State of California / Employment Development Department / P.O. Box 989071 / West Sacramento CA 95798-9071









# **QUARTERLY CONTRIBUTION RETURN AND REPORT OF WAGES (CONTINUATION)**

Page number 3 of 3

**REMINDER: File your DE 9 and DE 9C together.**

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complete Items C and D.

QUARTER  
ENDED  
ZIU/ /2012/4/01785  
/005/03/LZIU

DUE

DELINQUENT IF  
NOT POSTMARKED  
OR RECEIVED BY

YR 09 QTR 4

EMPLOYER ACCOUNT NO.

436 8685 6

**DO NOT ALTER THIS AREA**

P1 ☐ C ☐ T ☐ S ☐ W ☐ A ☐

EFFECTIVE DATE

Mo. Day Yr.

WIC

A. EMPLOYEES full-time and part-time who worked during  
or received pay subject to UI for the payroll period which  
includes the 12th of the month.

1st Mo. 2nd Mo. 3rd Mo.

**DOWNTOWN CENTER BUSINESS  
IMPROVEMENT DISTRICT  
626 WILSHIRE BLVD #200  
LOS ANGELES CA 90017**

B. ☐ Check this box if you are reporting ONLY Voluntary Plan Disability Insurance wages on this page.  
Report Personal Income Tax (PIT) Wages and PIT Withheld, if appropriate. (See instructions for Item B.)

C. ☐ NO PAYROLL

D. SOCIAL SECURITY NUMBER 562 74 0840	E. EMPLOYEE NAME (FIRST NAME) RONALD	(M.I.) (LAST NAME) P COLCOL	H. PIT WITHHELD 359 64
F. TOTAL SUBJECT WAGES 15 191 04	G. PIT WAGES 14 279 58		
D. SOCIAL SECURITY NUMBER 570 75 9617	E. EMPLOYEE NAME (FIRST NAME) JUSTIN	(M.I.) (LAST NAME) T WEISS	H. PIT WITHHELD 1 014 40
F. TOTAL SUBJECT WAGES 19 500 00	G. PIT WAGES 19 500 00		
D. SOCIAL SECURITY NUMBER 571 35 3676	E. EMPLOYEE NAME (FIRST NAME) HAROLD	(M.I.) (LAST NAME) BASTIAN	H. PIT WITHHELD 2 588 40
F. TOTAL SUBJECT WAGES 35 809 80	G. PIT WAGES 33 658 62		
D. SOCIAL SECURITY NUMBER 611 07 4963	E. EMPLOYEE NAME (FIRST NAME) CONNIE	(M.I.) (LAST NAME) HWANG	H. PIT WITHHELD 897 94
F. TOTAL SUBJECT WAGES 16 016 00	G. PIT WAGES 16 016 00		
D. SOCIAL SECURITY NUMBER 611 09 0954	E. EMPLOYEE NAME (FIRST NAME) RACHEL	(M.I.) (LAST NAME) KABER	H. PIT WITHHELD 385 91
F. TOTAL SUBJECT WAGES 9 721 16	G. PIT WAGES 9 721 16		
D. SOCIAL SECURITY NUMBER 613 90 7349	E. EMPLOYEE NAME (FIRST NAME) JIN	(M.I.) (LAST NAME) Y CUI	H. PIT WITHHELD 131 92
F. TOTAL SUBJECT WAGES 6 635 50	G. PIT WAGES 6 635 50		
D. SOCIAL SECURITY NUMBER 613 92 7601	E. EMPLOYEE NAME (FIRST NAME) JUAN	(M.I.) (LAST NAME) J SANZ	H. PIT WITHHELD 565 64
F. TOTAL SUBJECT WAGES 12 480 00	G. PIT WAGES 12 480 00		
I. TOTAL SUBJECT WAGES THIS PAGE 115 353 50	J. TOTAL PIT WAGES THIS PAGE 112 290 86	K. TOTAL PIT WITHHELD THIS PAGE 5 943 85	
L. GRAND TOTAL SUBJECT WAGES	M. GRAND TOTAL PIT WAGES	N. GRAND TOTAL PIT WITHHELD	

O. I declare that the information herein is true and correct to the best of my knowledge and belief.

Signature *Required* \_\_\_\_\_ Title \_\_\_\_\_ Phone ( ) \_\_\_\_\_ Date \_\_\_\_\_  
(Owner, Accountant, Preparer, etc.)

MAIL TO: State of California / Employment Development Department / P.O. Box 989071 / West Sacramento CA 95798-9071







# QUARTERLY CONTRIBUTION RETURN AND REPORT OF WAGES (CONTINUATION)

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Page number \_\_\_\_\_ of \_\_\_\_\_

12 31 09

01 02 10

DELINQUENT IF  
NOT POSTMARKED  
OR RECEIVED BY

YR 09 QTR 4

QUARTER  
ENDED  
ZIU/ /2012/4/01785  
/005/03/LZIU

EMPLOYER ACCOUNT NO.

436 8685 6

DOWNTOWN CENTER BUSINESS  
IMPROVEMENT DISTRICT  
626 WILSHIRE BLVD #200  
LOS ANGELES CA 90017

DO NOT ALTER THIS AREA

P1 ☐ C ☐ T ☐ S ☐ W ☐ A ☐

EFFECTIVE DATE

Mo. Day Yr.

WIC

A. EMPLOYEES full-time and part-time who worked during  
or received pay subject to UI for the payroll period which  
includes the 12th of the month.

1st Mo. 2nd Mo. 3rd Mo.

B. ☐ Check this box if you are reporting ONLY Voluntary Plan Disability Insurance wages on this page.  
Report Personal Income Tax (PIT) Wages and PIT Withheld, if appropriate. (See instructions for Item B.)

C. ☐ NO PAYROLL

D. SOCIAL SECURITY NUMBER

535 60 2768

E. EMPLOYEE NAME (FIRST NAME)

DIANNA

(M.I.) (LAST NAME)

ANDERSON

F. TOTAL SUBJECT WAGES

7 487 08

G. PIT WAGES

7 487 08

H. PIT WITHHELD

17 91

D. SOCIAL SECURITY NUMBER

547 67 4800

E. EMPLOYEE NAME (FIRST NAME)

EILEEN

(M.I.) (LAST NAME)

M O'CONNELL

F. TOTAL SUBJECT WAGES

8 464 93

G. PIT WAGES

8 379 02

H. PIT WITHHELD

222 13

D. SOCIAL SECURITY NUMBER

547 77 2224

E. EMPLOYEE NAME (FIRST NAME)

LETICIA

(M.I.) (LAST NAME)

OROZCO

F. TOTAL SUBJECT WAGES

13 261 26

G. PIT WAGES

13 261 26

H. PIT WITHHELD

431 58

D. SOCIAL SECURITY NUMBER

548 53 9033

E. EMPLOYEE NAME (FIRST NAME)

HERMAN

(M.I.) (LAST NAME)

PANG

F. TOTAL SUBJECT WAGES

23 250 00

G. PIT WAGES

21 390 00

H. PIT WITHHELD

764 48

D. SOCIAL SECURITY NUMBER

555 85 9090

E. EMPLOYEE NAME (FIRST NAME)

JACOB

(M.I.) (LAST NAME)

C HOLLOWAY

F. TOTAL SUBJECT WAGES

16 099 65

G. PIT WAGES

16 099 65

H. PIT WITHHELD

879 73

D. SOCIAL SECURITY NUMBER

558 17 5643

E. EMPLOYEE NAME (FIRST NAME)

MICHAEL

(M.I.) (LAST NAME)

G CLARK

F. TOTAL SUBJECT WAGES

31 883 22

G. PIT WAGES

23 289 48

H. PIT WITHHELD

911 05

D. SOCIAL SECURITY NUMBER

558 85 5406

E. EMPLOYEE NAME (FIRST NAME)

JOHN

(M.I.) (LAST NAME)

YANEZ

F. TOTAL SUBJECT WAGES

18 210 47

G. PIT WAGES

18 210 47

H. PIT WITHHELD

1 122 41

I. TOTAL SUBJECT WAGES THIS PAGE

118 656 61

J. TOTAL PIT WAGES THIS PAGE

108 116 96

K. TOTAL PIT WITHHELD THIS PAGE

4 349 29

L. GRAND TOTAL SUBJECT WAGES

M. GRAND TOTAL PIT WAGES

N. GRAND TOTAL PIT WITHHELD

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Signature Required

Title

Phone ( )

Date

(Owner, Accountant, Preparer, etc.)

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# **QUARTERLY CONTRIBUTION RETURN AND REPORT OF WAGES (CONTINUATION)**

Page number \_\_\_\_\_ of \_\_\_\_\_

12 31 09

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YR 09 QTR 4

QUARTER  
ENDED

ZIU/ /2012/4/01785  
/005/03/LZIU

DUE

EMPLOYER ACCOUNT NO.

436 8685 6

**DOWNTOWN CENTER BUSINESS  
IMPROVEMENT DISTRICT  
626 WILSHIRE BLVD #200  
LOS ANGELES CA 90017**

**DO NOT ALTER THIS AREA**

P1 ☐ C ☐ T ☐ S ☐ W ☐ A ☐

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Mo. Day Yr. WIC

1st Mo. 2nd Mo. 3rd Mo.

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C. ☐ NO PAYROLL

D. SOCIAL SECURITY NUMBER

562 74 0840

E. EMPLOYEE NAME (FIRST NAME)

RONALD

(M.I.) (LAST NAME)

P COLCOL

F. TOTAL SUBJECT WAGES

15 191 04

G. PIT WAGES

14 279 58

H. PIT WITHHELD

359 64

D. SOCIAL SECURITY NUMBER

570 75 9617

E. EMPLOYEE NAME (FIRST NAME)

JUSTIN

(M.I.) (LAST NAME)

T WEISS

F. TOTAL SUBJECT WAGES

19 500 00

G. PIT WAGES

19 500 00

H. PIT WITHHELD

1 014 40

D. SOCIAL SECURITY NUMBER

571 35 3676

E. EMPLOYEE NAME (FIRST NAME)

HAROLD

(M.I.) (LAST NAME)

BASTIAN

F. TOTAL SUBJECT WAGES

35 809 80

G. PIT WAGES

33 658 62

H. PIT WITHHELD

2 588 40

D. SOCIAL SECURITY NUMBER

611 07 4963

E. EMPLOYEE NAME (FIRST NAME)

CONNIE

(M.I.) (LAST NAME)

HWANG

F. TOTAL SUBJECT WAGES

16 016 00

G. PIT WAGES

16 016 00

H. PIT WITHHELD

897 94

D. SOCIAL SECURITY NUMBER

611 09 0954

E. EMPLOYEE NAME (FIRST NAME)

RACHEL

(M.I.) (LAST NAME)

KABER

F. TOTAL SUBJECT WAGES

9 721 16

G. PIT WAGES

9 721 16

H. PIT WITHHELD

385 91

D. SOCIAL SECURITY NUMBER

613 90 7349

E. EMPLOYEE NAME (FIRST NAME)

JIN

(M.I.) (LAST NAME)

Y CUI

F. TOTAL SUBJECT WAGES

6 635 50

G. PIT WAGES

6 635 50

H. PIT WITHHELD

131 92

D. SOCIAL SECURITY NUMBER

613 92 7601

E. EMPLOYEE NAME (FIRST NAME)

JUAN

(M.I.) (LAST NAME)

J SANZ

F. TOTAL SUBJECT WAGES

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G. PIT WAGES

12 480 00

H. PIT WITHHELD

565 64

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115 353 50

J. TOTAL PIT WAGES THIS PAGE

112 290 86

K. TOTAL PIT WITHHELD THIS PAGE

5 943 85

L. GRAND TOTAL SUBJECT WAGES

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N. GRAND TOTAL PIT WITHHELD

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